

Notes from the Field: Planting, Nurturing, and Watching Things Grow

Editors' Note: We invited a sample of *AJPM*'s Editorial Board, supplement guest editors, and longtime colleagues and contributors to share their experiences and impressions of the impact of *AJPM* on their respective domains. We were particularly fond of Ken Powell's analogy to being "tenders of the planted seed"—as planters, weeders, and harvesters—watching and nurturing the growth of *AJPM*, and have elected to lead with his commentary.

In the mid-1940s my brothers and I helped our father tend our victory garden. We were suburbanites and our small garden shared a vacant lot with the concrete foundation of a home abandoned in mid-construction during the Depression. We helped plant, weed, and harvest the crops. I especially liked the tall stalks of sweet corn that grew taller than I was.

Many years later, in the mid-1990s, I met a couple of other gardeners: Kevin Patrick and Doug Scutchfield visited the Centers for Disease Control (now the Centers for Disease Control and Prevention) to discuss their plans as the editors of the *American Journal of Preventive Medicine*. I was working in a Branch that was trying to understand the public health importance of regular physical activity, and they had the foresight to know we were planting some seeds in an important new area. I'm not sure that I had even heard of *AJPM* before their visit.

A few years later, while the field of physical activity and public health continued to grow, I shifted my focus to violence and injury prevention. Once again, the team of Patrick and Scutchfield recognized the importance of this topic to the field of preventive medicine.

By the turn of the century my work had shifted from the national to the state level. I tried to keep up with the literature by reading or scanning articles as I rode the subway to and from work. The Georgia Division of Public Health had no access to a library so I circulated my personal copy of the *American Journal of Preventive Medicine* to my team in the Chronic Disease and Injury Epidemiology Section because it contained by far the most articles of interest and practical application for us.

Isn't it interesting to watch things grow. Gardens, journals, and the fields of public health and preventive medicine.

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Over the last decade, the *American Journal of Preventive Medicine* has become one of the top "go to"

Journals for public health aspects of vaccination. The Journal is publishing articles that affect policy and report on the state of vaccination in the U.S. On the policy side, articles range from the important topic of vaccine safety to exemptions in immunization laws¹ to the cost effectiveness of various vaccine policy options.² On the state of vaccination, articles have been published on vaccination rates, racial disparities in rates, reported adoption of Advisory Committee on Immunization Practices guidelines, and randomized trials to increase immunization rates.³

Barriers and facilitators to vaccination have been explored—from the patient perspective, to vaccine delivery in the medical office,⁴ at retail clinics,⁵ to system issues such as vaccine supply⁶ and state immunization registries^{7,8}—in keeping with the preventive medicine aspect of the Journal. Major health services research teams, vaccine safety research teams, and federal investigators have reported their findings in the Journal. The rise in impact factor for the *AJPM* corresponds with the rise in the Journal's importance as seen by researchers and policy officials.

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In November 2002 the Robert Wood Johnson Foundation (RWJF) announced the Health e-Technologies Initiative (HeTI) to stimulate systematic research on emerging eHealth technologies for health behavior change and chronic disease management. Although eHealth at the time was in a nascent stage of evolution, RWJF recognized the importance of applying rigorous scientific methods to the evaluation of these programs.

Concomitantly, the editors of the *American Journal of Preventive Medicine* recognized the need for scientific study and examination of eHealth tools and programs to help establish an evidence base. We invited Kevin Patrick, editor-in-chief of *AJPM* to become Chair of our National Advisory Committee, given his leadership role in preventive medicine and his strong interest in technology-enabled programs.^{9–13} His stewardship of HeTI was instrumental in helping us to create a portfolio of eHealth research that truly advanced the science of eHealth. Over the subsequent 7 years of HeTI, *AJPM* became the preferred venue for publication of both qualitative and quantitative studies of eHealth across diverse populations, prevention targets and interventions, technologies, and methods.^{14–16}

Fast forward a decade to 2013 and we find that eHealth, mHealth, and the broader Health Information Technology (HIT) landscape has grown exponentially along with a robust and compelling evidence base.^{17–19} AJPM deserves credit and recognition for its contribution to this evidence base through publication and dissemination of many of the seminal studies in the field of eHealth.

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The growth and interest in academic prevention and public health have increased over the last 20 years. The number of graduate public health programs has almost tripled since 1994, when the editorial team at the University of California San Diego took over responsibilities of the *American Journal of Preventive Medicine* (AJPM). Since that time, AJPM has been a valuable resource to gaining national attention and extending the reach of several important and pioneering activities in academic preventive medicine and public health.

The Journal has promoted curriculum innovations that play a vital role in advancing health behavior change, such as the 1990 publishing of “Inventory of Knowledge and Skills Relating to Disease Prevention and Health Promotion.”²⁰ The inventory defined the knowledge and skills appropriate for the instruction of medical students in the disciplines of disease prevention and health promotion.

In 2000, the Association for Prevention Teaching and Research (APTR) embarked on advancing interprofessional prevention education by forming the Healthy People Curriculum Task Force. AJPM published a theme issue emphasizing the importance of using an interprofessional approach for both teaching about and delivering preventive services to individuals and populations,²¹ and the Clinical Prevention and Population Health (CPPH) Curriculum Framework was launched. The Framework was the first structured and comprehensive curriculum agenda for integrating clinical prevention and population health into the education of students across the health professions disciplines. Through AJPM, the rationale for using the CPPH Framework when teaching students and practicing healthcare professionals was delivered.

The February 2011 issue of AJPM presented the concept of Healthy People 2020 and Education for

Health, a 10-Year Roadmap for Reaching Public Health Education Goals. The issue featured a series of articles that examined public health educational needs and goals for the U.S. and initiated the discussion and progress needed to achieve an integrated, seamless approach to education for the American public as well as for health professionals.^{22–29}

The Journal served as a tool for increasing the growth of collaborative models in health professions education. According to the Association of American Medical Colleges' 2013 Medical School Graduation Questionnaire, results show that nearly 75% of graduating medical students report that their education included training in teams with other health professionals.

AJPM also had a major impact on the development of undergraduate public health education. A theme issue published in 2008 on undergraduate public health^{30–35} and a 2011 theme issue on Healthy People 2020 included articles on undergraduate public health at 2-year and at 4-year colleges.^{25,26}

During this time the growth of undergraduate public health has been rapid. The College Board indicates that in 2013 there are approximately 500 undergraduate public health and related programs. AJPM once again played an important role in making this happen due to the reach of the Journal and its reputation.

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The Hispanic population continues to boom, rising from just 6% of the U.S. population in 1980 to more than 16% in 2010 and up to an expected 30% by 2050.

That is hardly a shock to anyone.

But what shocked me as I jumped into the public health research field in the 1980s was that, even though this surging, dynamic population suffered dire inequalities in cancer and chronic disease incidence and mortality, there was a lack of research by Hispanics on Hispanics.

The AJPM helped change the tide, fortunately.

The Journal became a critical platform to both stimulate and promote research on health disparities. Disparities are undoubtedly a challenging topic for clinicians and researchers. Healthy lifestyle promotion, behavioral interventions, educational and outreach programs, and knowledge of screening compliance can help mitigate disparities—and even may decrease

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